



Indiana State  
Department of Health

# Immunization E-Letter

Issue #281

June 20, 2008

## Indiana Flood Safety Precautions

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### Immunization Program

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Governor Mitch Daniels has declared 37 counties as disaster areas and has asked for federal aid to assist the residents of these areas in clean-up and rebuilding. Due to the recent tornadoes and record breaking water levels causing the recent flooding, many Hoosiers were forced into dangerous health conditions.

Flood waters carry whatever was on the ground that the upstream runoff picks up. This includes soil, oil, animal waste (dog feces), and many chemicals left in open containers. Also common during a flood is the over supply of water in our sewage lines and water treatment plants that leads to bacteria of raw sewage being diluted into the standing and streaming water.

The aftermath of tornadoes can be equally dangerous from resulting debris. During the clean-up and recovery periods, many are faced with the danger of broken glass and other rubbish that may cause bodily injury and introduce bacteria. This includes first responders as well as residents and owners of homes and businesses.

This serves as a reminder that everyone should review their current immunization status and receive their vaccinations on schedule prior to an emergency to help alleviate some of the stress and anguish related to natural disasters. Knowing that you and those that you care about are protected from vaccine preventable diseases associated with these conditions offer some sense of security for your health.

The State of Indiana is working to increase the number of vaccinated health care workers and first responders. It is equally important that we not only vaccinate our patients but also vaccinate each and every employee prior to emergencies occurring.

We have also received calls that some client files have been completely destroyed by the flooding. We strongly encourage providers to not only enroll in the Children and Hoosiers Immunization Registry Program (CHIRP) but also actively add clients' immunization records into the registry. These records are attainable in the event of a disaster from any computer with internet service. Also note that this registry is not just for children but also adults.

Management of flood and tornado associated wounds should include an appropriate medical evaluation for Tetanus immunity and immunizations.

## Please Note: Emergency Vaccine Orders

We are currently utilizing the Incident Command System for emergency tetanus vaccine ordering due to the flooding throughout Indiana. All Td and Tdap vaccine should be requested through the county Emergency Management Agency (EMA). There will be **no change** to the routine monthly ordering and delivery system currently in place for vaccines. All VFC providers and sites should continue their regular ordering process of vaccine through ISDH Immunization Program by faxing orders between the 25th and 5th of each month.

## Reporting of Severe *Staphylococcus aureus* Infections

Effective July 1, 2008, healthcare providers will be required to immediately report cases of severe *Staphylococcus aureus* infections in previously healthy people to local health departments (LHD). The LHD will investigate these cases using case investigation forms provided by the Indiana State Department of Health (ISDH).

In response to political and public interest in methicillin-resistant *Staphylococcus aureus* (MRSA), the ISDH enacted a 90-day emergency rule requiring laboratory reporting of MRSA infections from January 1-March 30, 2008. A detailed report describing data from this surveillance will be posted in the near future on the ISDH web site.

The laboratory surveillance data were consistent with what is already known about MRSA infections. The laboratory data did not provide insight about several significant factors regarding the burden of MRSA infections. The study did not differentiate healthcare-acquired MRSA (HA-MRSA) from community-acquired MRSA (CA-MRSA), nor was severity of infection noted. Antimicrobial susceptibility patterns were not studied due to the low number of laboratories reporting them. Additional resources would also be needed to sustain laboratory reporting.

The limitations of the laboratory surveillance data allowed for the development and implementation of a more useful way to study the burden of MRSA infections in Indiana. Most cases of MRSA infections identified in the laboratory surveillance data were skin and soft tissue infections, which are typically not life threatening, whereas invasive MRSA infections are life threatening. While invasive HA-MRSA infections are typically already being addressed by health care professionals, most invasive CA-MRSA infections are not. These are the cases that are reported in the media and can cause concern. These issues can be addressed by specifically studying severe *Staphylococcus aureus* infections in the state while conserving public health resources.

Since severe infections can be caused by MRSA and methicillin-sensitive *Staphylococcus aureus* (MSSA), the reporting of severe *Staphylococcus aureus* in previous healthy people will allow for better data collection to:

- Measure the burden and severity of staphylococcal infection
- Provide information on antimicrobial susceptibility patterns
- Identify populations at risk for severe infection
- Provide information to formulate prevention and control measures
- Utilize resources judiciously

The reporting rule, case investigation form and detailed reporting instructions for health care providers and the LHD will be posted on the ISDH web site at [www.statehealth.in.gov](http://www.statehealth.in.gov) by July 1, 2008

### Just Released: Epidemiology and Prevention of Vaccine-Preventable Diseases 2008

This four-part self-study series provides the most current information available in the constantly changing field of immunization.

Together, the four sessions offer a comprehensive overview on immunization today. Session ONE discusses principles and general recommendations on vaccination. Sessions TWO, THREE and FOUR discuss specific vaccine-preventable diseases and their respective vaccines. Each of the four sessions is three hours in duration. Continuing Education credits will be provided. This self-study program is offered free of charge in DVD and web-on-demand formats.

For more information on how to order the DVD or access the web-based version go to: [www.cdc.gov/vaccines/ed/epivac/default.htm](http://www.cdc.gov/vaccines/ed/epivac/default.htm)

### Vaccine Storage and Handling Toolkit

Storage of VFC vaccine in refrigerators that are designed for use in small household spaces, such as dorm rooms, **are never acceptable for permanent storage of VFC vaccines.** Dorm style units are not adequate because they do not maintain appropriate temperatures. Permanent storage is defined as vaccine supply that is maintained in the unit 24 hours a day/7 days a week.

## Save the Date!

### Indiana Immunization Conference October 2008

October 6: Holiday Inn Lakeview  
Clarksville

October 8: Indiana Government Center South  
Indianapolis

October 9: Hilton Garden Inn  
South Bend



## Important Notice from ISDH Regarding Varicella School Requirements

The CDC published "Prevention of Varicella: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" in the June 22, 2007 / 56(RR04); 1-40 Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports. The recommendations included:

- Implementation of a routine 2-dose varicella vaccination program for children with the first dose administered at age 12-15 months and the second dose at age 4-6 years.
- Second dose catch-up varicella vaccination for children, adolescents, and adults who previously had received one dose.

ACIP does recommend two doses for all persons with no history of varicella disease, including a catch-up dose for all persons who have had only one dose of varicella vaccine and no history of disease are strongly recommended. However, please be advised the Indiana State Department of Health **will not** be incorporating two doses of varicella vaccine into the school entry requirement in the 2008-09 school year as previously indicated in the Immunization E-Letter dated 9/21/07, issue #252.

### 2008-09 School Year

For the 2008-09 school year, all students of all grades are required to have one dose of varicella (chickenpox) vaccine on or after the first birthday OR history of disease. Parental report that a child has a history of chickenpox disease is acceptable as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is sufficient (at the very least, season and year i.e. fall 2006). Documentation by a physician is not necessary. ***This immunization requirement extends to children ages 3 through 5 attending special education programs, childcare, or preschool within the school.***

### CHIRP Tip

CHIRP users who change employers should contact the helpdesk at (888) 227-4439 so their account will be connected to the correct facility.

### CHIRP Informational Sessions

CHIRP Informational Sessions are designed for NON-CHIRP users interested in learning more about the benefits of using CHIRP in their facility or practice.

Call (888) 227-4439 or go to [CHIRP.IN.GOV](http://CHIRP.IN.GOV) to register.

July 16, 2008  
1:00 pm—3:00 pm

#### **Floyd County**

Floyd Memorial Hospital, Paris Health  
Education Center, Classroom 1  
1850 State Street  
New Albany, IN 47150

### CHIRP User Group Meeting

This session is designed for CURRENT CHIRP users who are interested in learning about upcoming changes or who have specific questions regarding CHIRP usage.

Call (888) 227-4439 or go to the [CHIRP.IN.GOV](http://CHIRP.IN.GOV) to register.

July 16, 2008  
9:30 am—11:30 am

#### **Floyd County**

Floyd Memorial Hospital, Paris Health  
Education Center, Classroom 1  
1850 State Street  
New Albany, IN 47150

### State Funded Vaccine Webinars

The following sessions have been planned to further explain State Funded Vaccine to providers who are interested in learning more. These sessions will be online and require an Internet connection and speakers. You may register by sending an e-mail to [avounce@isdh.in.gov](mailto:avounce@isdh.in.gov) noting which session you will be attending and to what e-mail address to send the invitation. Sessions are limited to the first 20 individuals.

A—Tuesday, June 24, 2008—7:00 am  
B—Wednesday, June 25, 2008—Noon  
C—Tuesday, July 22, 2008—7:00 am  
D—Wednesday, July 23, 2008—8:30 am  
E—Thursday, August 21, 2008—7:30 am  
F—Friday, August 22, 2008—Noon

**The Indiana State Department of Health (ISDH) has launched a new website:**

**<http://www.statehealth.in.gov>**

**Please visit us on the Immunization Home link to access program information.**